Federal Preparedness Requirements

Jackie Gatz, Vice President of Safety and Preparedness
Presentation Objectives and Program Overview

- Explain the 2016 CMS conditions of participation and their expected outputs
- **Highlight changes effective November 29, 2019 through the burden reduction initiative**
- Discuss industry frameworks for consideration in program development
CMS Final Rule for Emergency Preparedness
CMS Emergency Preparedness Final Rule

- Timeline
  - Finalized September 8, 2016
  - Published in September 16, 2016, *Federal Register*
  - Effective November 15, 2016
  - Implement November 15, 2017

- Burden Reduction
  - Effective November 29, 2019
Categories: Providers and Suppliers

1. Hospitals
2. Critical Access Hospitals (CAHs)
3. Rural Health Clinics (RHCs) & FQHCs
4. Long-Term Care (LTC)/Skilled Nursing Facilities (SNF) *(Reviews Remain On Annual Cycle)*
5. Home Health Agencies (HHAs)
6. Ambulatory Surgical Centers (ASCs)
7. Hospice
8. Inpatient Psychiatric Residential Treatment Facilities (PRTFs)
9. Programs of All-Inclusive Care for the Elderly (PACE)
10. Transplant Centers
11. Religious Nonmedical Health Care Institutions (RNHCIs)
12. Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID)
13. Clinics, Rehabilitation Agencies, & Public Health Agencies as Providers of Outpatient Physical Therapy & Speech Language Pathology Services
14. Comprehensive Outpatient Rehabilitation Facilities (CORFs)
15. Community Mental Health Centers (CMHCs)
16. Organ Procurement Organizations (OPOs)
17. End-Stage Renal Disease (ESRD) Facilities
Background and Purpose

• Challenges faced from natural and man-made disasters since 9/11 terrorist attacks

• Definition of “emergency” or “disaster”: *Event affecting the overall target population or the community at large that precipitates the declaration of a state of emergency at a local, state, regional, or national level by an authorized public official.*
The Role of Hospitals

• “Hospitals are often the focal points for healthcare in their respective communities; thus it is essential that hospitals have the capacity to respond ...”

• “Medicare participating hospitals are required to evaluate and stabilize every patient seen in the ED and evaluate every inpatient at discharge – hospitals are in the best position to coordinate emergency preparedness planning with other providers and suppliers ...”
Summary of Major Provisions

• Four core elements to effective and comprehensive framework. These provide framework for the proposed rules for all provider/supplier categories.
  ➢ Risk assessment and planning
  ➢ Policies and procedures
  ➢ Communication plan
  ➢ Training and testing

• Emergency and standby power systems regulations for inpatient providers
  ➢ Hospitals, CAHs, LTC/SNFs
482.15 Emergency Preparedness Plan and Program

- 482.15(a)(1) Risk Assessment
  - Risk assessment is based on and includes a documented, facility-based and community-based risk assessment, utilizing an all-hazards approach.
  - **All-hazards expanded to include emerging infectious disease (EID) threats.**

- 482.15(a)(2) Emergency plan
  - Update annually **every two years**
  - Emergency plan includes strategies for addressing emergency events identified by the risk assessment.
482.15 (a)(3) Patient population and available services

- The hospital emergency plan must address its patient population, including, but not limited to, persons at-risk.
- The hospital emergency plan must address the types of services that the hospital would be able to provide in an emergency.
- All hospitals include delegations add succession planning in their emergency plan to ensure that the lines of authority during emergency are clear and the plan is implemented promptly and appropriately.
482.15 Emergency Preparedness Plan and Program

- 482.15 (a) (4) The hospital must have a process for cooperation and collaboration with local, tribal, regional, state, or federal emergency preparedness officials efforts to maintain an integrated response during a disaster or emergency situation, including documentation of the hospital’s efforts to contact such officials and, when applicable, its participation in collaborative and cooperative planning efforts.
482.15 (b) Policies and Procedures

- Hospitals are required to develop and implement emergency preparedness policies and procedures based on the emergency plan, the risk assessment and the communication plan, reviewed and updated annually every two years.

- 482.15 (b) (1) Subsistence needs (staff and patients)
  - 482.15 (b) (1) (i) Food, water, pharmaceuticals and medical supplies
  - 482.15 (b) (1) (ii) Provision of alternate sources of energy to maintain temperatures, lighting, fire detection, extinguishing and alarm systems
  - 482.15 (b) (1) (ii) (D) Sewage and waste disposal including solid waste, recyclables, chemical, biomedical waste and waste water.
482.15 (b) Policies and Procedures

- 482.15 (b) (2) System to track the location of staff and patients during an emergency – if evacuated, document details of their relocation
- 482.15 (b) (3) Ensure safe evacuation, transportation and placement
- 482.15 (b) (4) A means to shelter in place for patients, staff and volunteers
- 482.15 (b) (5) Systems of medical documentation to preserve, secure, and maintain availability of records
482.15 (b) Policies and Procedures

- 482.15 (b) (6) The use of volunteers during an emergency, other emergency staffing strategies and the process to utilize state and federal resources
- 482.15 (b) (7) Continuity of services – arrangements with other hospitals and providers to receive patients, due to limitations or temporary closure
- 482.15 (b) (8) the role of the hospital under an 1135 waiver, for the provision of care and treatment at an alternate care site
482.15 (c) Communications

• Hospital must develop, maintain and review annually every 2 years an emergency preparedness communication plan that complies with federal, state and local law.
  ➢ 482.15 (c) (1) Contact information for staff, entities providing services under arrangement, physicians, other hospitals and volunteers
  ➢ 482.15 (c) (2) Government agency contact information for federal, state, tribal and/or local
  ➢ 482.15 (c) (3) Establish primary and alternate communication
482.15 (c) Communications

- 482.15 (c) (4) Method for sharing information and medical documentation for patients with providers to maintain continuity of care
- 482.15 (c) (5) Means, in the event of evacuation to release patient information, as permitted under 45 CFR 164.510(b)(1)(ii)
- 482.15 (c) (6) Means to provide information about the general condition and location of patients under the facility’s care — information sharing
- 482.15 (c) (7) Means to provide information about occupancy, needs and ability to provide assistance
482.15 (d) Training and Testing

• Hospital must develop and maintain an emergency preparedness training and testing program that includes initial training based on hospital emergency plan, risk assessment, policies and procedures, and communication plan.

➢ 482.15 (d) (1) hospitals provide such training to all new and existing staff, volunteers, consistent with their expected roles and maintain documentation of such training.
  – Training on emergency procedures occur at least annually every two years and demonstrate staff knowledge.
482.15 (d) Training and Testing

- 482.15 (d) (2) drills and exercises to test emergency plans
  - 482.15 (d) (2) (i) participate in a full-scale exercise annually
  - 482.15 (d) (2) (ii) exemption if hospital experiences an actual incident
  - 482.15 (d) (2) (iii) conduct an annual exercise of hospitals choice for second requirement (expanded list of exercise types)
  - 482.15 (d) (2) (iv) hospitals analyze their response to, and maintain documentation on all drills, tabletop exercises, and emergency events, and revise the hospital’s emergency plan as needed
482.15 (e) Emergency Fuel and Generator Testing

CMS Resources

- Interpretative Guidance released June 2017
- On-demand emergency preparedness surveyor training course is being updated
  ➤ Required for all state and regional surveyors responsible for health and safety, or life safety codes
Available Resources for CMS

- Updated resources at [www.mhanet.com](http://www.mhanet.com)
- Please share your experiences with CMS CoP surveys by deemed accrediting bodies or state surveyors.
- MHA will continue to synthesize high level themes and provide guidance.
National Incident Management System
What is NIMS?

• A comprehensive, national approach to incident management
• Applicable at all jurisdictional levels and across disciplines
• Lessons learned have shown the need for:
  ➢ Coordinated response
  ➢ Standardization
  ➢ Interoperability
NIMS Concepts and Principles

• NIMS is:
  ➢ **Flexible** to enable all responding organizations to work together
  ➢ **Standardized** to improve overall response and interoperability

• NIMS Standard Structures
  ➢ Incident Command System (ICS)
  ➢ Multiagency Coordination Systems
  ➢ Public Information Systems
Preparedness

- Planning, training and exercises
- Personnel qualification and certification
- Equipment acquisition and certification
- Publication management
- Mutual Aid/Emergency Management Assistance Compacts
Resource Management

• Includes standardized:
  ➢ Descriptions
  ➢ Inventories
  ➢ Mobilization
  ➢ Dispatch
  ➢ Tracking
  ➢ Recovery
Communications/Information Management

- NIMS identifies requirements for:
  - Communications
  - Information management
  - Information sharing
Discussion and Questions
Contact Information

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Aligning Preparedness with Organizational Priorities
<table>
<thead>
<tr>
<th>Risk Assessment</th>
<th>Pathogen/Issue</th>
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<tbody>
<tr>
<td>Active Shooter</td>
<td>blood born pathogens</td>
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<td>Acts of Intent</td>
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<td>Bomb Threat</td>
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<td>Building Move ~ Infection Control Risk Assessment</td>
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<td>Chemical Exposure, External ~ exposure tracing</td>
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<td>Civil Unrest</td>
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<td>Communication / Telephone Failure</td>
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<td>Dam Failure</td>
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<td>Drought</td>
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<td>Earthquake ~ blood born pathogens, wound care</td>
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<tr>
<td>Epidemic ~ contact tracing, precautions, staffing</td>
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<td>Evacuation ~ disease transmission, care needs</td>
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<td>Explosion</td>
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<td>External Flood ~ water borne pathogens</td>
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<td>Fire</td>
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<td>Flood ~ water born pathogens</td>
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<td>Forensic Admission</td>
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<td>Gas / Emissions Leak</td>
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<td>Generator Failure</td>
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<td>Hazmat Incident ~ exposure tracing</td>
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<td>Hazmat Incident with Mass Casualties ~ exposure tracing</td>
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<td>Hostage Situation</td>
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<td>Hurricane</td>
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<td>HVAC Failure ~ Air quality / purity requirements</td>
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<td>Inclement Weather</td>
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<td>Infectious Disease Outbreak ~ operations, tracking</td>
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<td>Internal Fire</td>
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<td>Internal Flood</td>
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<td>Large Internal Spill</td>
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<td>Mass Casualty Incident ~ blood born pathogens</td>
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<td>Other Utility Failure</td>
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<td>Pandemic ~ Contact tracing and technical guidance</td>
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<td>Patient Surge ~ cohorting of pts, disease surveillance</td>
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<td>Picketing</td>
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<td>Planned Power Outages</td>
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<td>Power Outage</td>
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<td>Radiation Exposure ~ burns and wounds, contact tracing</td>
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<td>Seasonal Influenza ~ reporting, guidance, mediation</td>
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<td>Sewer Failure ~ Sanitation problems are always a concern</td>
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<td>Shelter in Place ~ Accidental contact with pathogens</td>
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<td>Strikes / Labor Action / Work Stoppage</td>
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<td>Suicide</td>
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<td>Supply Chain Shortage / Failure ~ availability of PPE</td>
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<td>Suspicious Odor</td>
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<td>Suspicious Package / Substance</td>
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<td>Temperature Extremes</td>
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<td>Tornado ~ damage to areas of facility can create an IC concern</td>
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<td>Transportation Failure</td>
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<tr>
<td>Trauma ~ Blood borne pathogens</td>
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<td>Tsunami</td>
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<td>VIP Situation</td>
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<td>Water Contamination ~ water borne pathogens of concern</td>
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<td>Water Disruption ~ sanitation practices impacted</td>
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<td>Weapon</td>
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<td>Workplace Violence / Threat</td>
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<td>Zombies</td>
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Creating a Common Operating Picture

• Emergency preparedness provides a platform to enhance situational awareness.
• Enables accurate, informed decisions based on current or planned activities.
Know Your People & Your System

Small Hospital IMT Chart
Communication is KEY

- Health Department Reporting
  - Clinics
  - Hospitals

- EMResource
  - Baseline Flu Query
  - Advanced Flu Query

- Mass Notification
  - Flu Clinic Today!
  - Closed POD activated

- Social Media
  - Community education
  - Rumor control

- CDC Flu View
  - ESSENCE

- HAN Health Alert Network

- Radios
  - HEAR
  - MOSWIN
  - 2 way

- Coordinated Response
  - eICS
Incident Response and Documentation
Emerging Infectious Disease

Every healthcare facility must be trained and prepared to:
• Identify
• Isolate
• Inform
Waterborne Pathogens - Legionella
Program Alignment

Flu
- www.cdc.gov/flu/index.htm
- American Academy of Pediatrics Flu 2019-2020

Ebola
- NETEC - National Ebola Training and Education Center
- Missouri Ebola Webinar

Legionella
- www.cdc.gov/legionella/wmp/healthcare-facilities
- CDC Legionella Training program
Training and Testing
Contact Information

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EMResource®/eICS Overview

Carissa Van Hunnik, Manager of Emergency Preparedness/Coalition Liaison
Overview
EMResource®

• A product in the Juvare suite of web based health care communication and emergency management tools

• Provides
  ➢ Ability to monitor facility status/ED status
  ➢ Ability to report required bed availability or MCI response information
  ➢ Share and collect information
  ➢ User notifications/alerts
Initial Implementation

- Ambulance diversion
- HAvBED data collection (Hospital Available Beds for Emergencies and Disasters)
Expanded Functionality

• Statewide events – event notifications and event queries (information gathering)
• System notifications
• Healthcare coalition coordination
• Stemi, stroke, and trauma diversion reporting
• Monitoring and deployment of resources
• Psychiatric bed availability tracking
User Set Up and Preferences
User Account Set Up

• Individual vs Group
• Region Administrators establish access settings and set up account with standard notification preferences as applicable
• Users establish customized preferences (status change notifications, event notifications, etc.)
EMResource Notifications

• Notification types
  ➢ Status change notifications
  ➢ Event notifications/queries
  ➢ System notifications

• Notification methods
  ➢ Email
  ➢ Text
  ➢ Web page

• User account must have email address and/or text pager address listed in User Info to enable email and text notifications
Status Change Notifications
Example: Coalition Status

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<tr>
<th>EMResource</th>
<th>State of Missouri</th>
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<tr>
<td><strong>MO Coordination and Response</strong></td>
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<tr>
<td>Healthcare Coalitions</td>
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<td>Region B Healthcare Coalition</td>
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<td>MHA Coordination and Response</td>
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<td>MHA - Emergency Preparedness Staff</td>
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# Status Change Notification Preferences

## DHSS Coordination and Response

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<th>Action</th>
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<th>Status</th>
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## Healthcare Coalitions

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<td>On Alert</td>
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Event Notifications and Queries
Event Notifications/Queries

- Notifications provide information only, no response from hospitals is required
  Examples:
  - Public health announcements
  - BOLO
  - Amber alerts

- Queries seek information from specific resources, response from facilities is necessary
  Examples:
  - Bed Availability (HAvBED) query
  - MCI query
  - Infrastructure query
Event Queries

- **Current Bed Availability**: seeks current staffed bed availability information
- **MCI**: seeks information related to how many red, yellow, or green patients can be accepted at a facility during a mass casualty incident
- **Flu**: seeks flu related information to monitor hospital situational awareness during flu season
Ad-hoc Queries

- Contact a regional administrator for set up
- Ability to initiate a query on established status types or create unique status types to seek new information

Examples:
- Flu Supply Query
- Flood Event Query
# Event Notification Preferences

<table>
<thead>
<tr>
<th>Event Type</th>
<th>Notification Methods</th>
<th>Notification Limit</th>
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<td>Ad Hoc Event</td>
<td>E-mail, Text Pager</td>
<td>My Resources Only</td>
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<tr>
<td>Amber Alert</td>
<td>E-mail, Text Pager</td>
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<td>BOLD</td>
<td>E-mail, Text Pager</td>
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<td>Catchment Area Warning</td>
<td>E-mail, Text Pager</td>
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<td>Exercise - HavBED - KC _ Exercise</td>
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<tr>
<td>HavBED Region F</td>
<td>E-mail, Text Pager</td>
<td>My Resources Only</td>
</tr>
<tr>
<td>HavBED Region Q</td>
<td>E-mail, Text Pager</td>
<td>My Resources Only</td>
</tr>
<tr>
<td>HavBED Region H</td>
<td>E-mail, Text Pager</td>
<td>My Resources Only</td>
</tr>
<tr>
<td>HavBED Region I</td>
<td>E-mail, Text Pager</td>
<td>My Resources Only</td>
</tr>
<tr>
<td>HavBED SouthWest Region</td>
<td>E-mail, Text Pager</td>
<td>My Resources Only</td>
</tr>
<tr>
<td>HavBED Statewide</td>
<td>E-mail, Text Pager</td>
<td>My Resources Only</td>
</tr>
</tbody>
</table>
## MO Mobile Medical Assets View

**SNS Training for Inventory Management - December 18, 2013**

<table>
<thead>
<tr>
<th>Region</th>
<th>MO Region</th>
<th>MO Trailer Status</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>MCI Community Trailers</td>
<td>MO Trailer Status</td>
<td>Comment</td>
<td></td>
</tr>
<tr>
<td>Hannibal Regional Hospital MCI Trailer</td>
<td>Ready for Deployment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Northeast RMC MCI Trailer</td>
<td>Ready for Deployment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MCI Community Trailers</td>
<td>MO Trailer Status</td>
<td>Comment</td>
<td></td>
</tr>
<tr>
<td>Mercy Hospital Joplin Trailer</td>
<td>Out of Service</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mercy Hospital Springfield Trailer</td>
<td>Ready for Deployment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MCI Community Trailers</td>
<td>MO Trailer Status</td>
<td>Comment</td>
<td></td>
</tr>
<tr>
<td>Madison Medical Center Trailer</td>
<td>Ready for Deployment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Missouri Delta Medical Center Trailer</td>
<td>Ready for Deployment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Poplar Bluff Regional MCI Community Trailer</td>
<td>Ready for Deployment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Saint Francis Medical Center Trailer</td>
<td>Ready for Deployment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Southeast Missouri Hospital Trailer</td>
<td>Ready for Deployment</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**MO Mobile Medical Assets**

<table>
<thead>
<tr>
<th>Cache Location</th>
<th>Cache Availability</th>
<th>Cache Contact Name</th>
<th>Cache Contact Email</th>
<th>Cache Phone</th>
<th>Cache Capacity</th>
<th>Cache Storage</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>MediSurge Cache - Boone Hospital</td>
<td>Ready for Deployment</td>
<td>Rob Loskarn</td>
<td><a href="mailto:rloskarn@bjc.org">rloskarn@bjc.org</a></td>
<td>314/5208/3620</td>
<td>250</td>
<td>Warehouse</td>
<td></td>
</tr>
<tr>
<td>MediSurge Cache - Cox Branson</td>
<td>Ready for Deployment</td>
<td>Lou Smith</td>
<td><a href="mailto:lou.smith@coxhealth.com">lou.smith@coxhealth.com</a></td>
<td>417/335/7290</td>
<td>500</td>
<td>Warehouse</td>
<td></td>
</tr>
<tr>
<td>MediSurge Cache - Cox Monett</td>
<td>Ready for Deployment</td>
<td>Beverly Morris</td>
<td><a href="mailto:beverly.morris@coxhealth.com">beverly.morris@coxhealth.com</a></td>
<td>417/354/1145</td>
<td>250</td>
<td>Trailer</td>
<td></td>
</tr>
<tr>
<td>MediSurge Cache - Freeman</td>
<td>Ready for Deployment</td>
<td>Skip Harper</td>
<td><a href="mailto:cmhharper@freemanhealth.com">cmhharper@freemanhealth.com</a></td>
<td>417/347/4878</td>
<td>500</td>
<td>Warehouse</td>
<td></td>
</tr>
<tr>
<td>MediSurge Cache - Freeman Neosho</td>
<td>Ready for Deployment</td>
<td>Joe Yust</td>
<td><a href="mailto:jyust@freemanhealth.com">jyust@freemanhealth.com</a></td>
<td>417/355/4395</td>
<td>250</td>
<td>Warehouse</td>
<td></td>
</tr>
<tr>
<td>MediSurge Cache - Hannibal</td>
<td>Ready for Deployment</td>
<td>Doug Ruble</td>
<td><a href="mailto:doug.ruble@hrhonline.org">doug.ruble@hrhonline.org</a></td>
<td>573/446/1462</td>
<td>250</td>
<td>Warehouse</td>
<td></td>
</tr>
<tr>
<td>Mortuary Cache - Hannibal</td>
<td>Ready for Deployment</td>
<td>Doug Ruble</td>
<td><a href="mailto:doug.ruble@hrhonline.org">doug.ruble@hrhonline.org</a></td>
<td>573/446/1012</td>
<td>24</td>
<td>Warehouse</td>
<td></td>
</tr>
<tr>
<td>Mortuary Cache - Heartland Regional</td>
<td>Ready for Deployment</td>
<td>Wally Patrick</td>
<td><a href="mailto:wally.patrick@heartland-health.com">wally.patrick@heartland-health.com</a></td>
<td>816/271/6070</td>
<td>24</td>
<td>Warehouse</td>
<td></td>
</tr>
<tr>
<td>Mortuary Cache - Mercy Springfield</td>
<td>Ready for Deployment</td>
<td>Russ Conroy</td>
<td><a href="mailto:russ.conroy@mercy.net">russ.conroy@mercy.net</a></td>
<td>417/820/7159</td>
<td>24</td>
<td>Trailer</td>
<td></td>
</tr>
<tr>
<td>Respiratory Cache - Cox Health</td>
<td>Ready for Deployment</td>
<td>Jason Henry</td>
<td><a href="mailto:jason.henry@coxhealth.com">jason.henry@coxhealth.com</a></td>
<td>417/327/9631</td>
<td>24</td>
<td>Trailer</td>
<td></td>
</tr>
<tr>
<td>Respiratory Cache - University of MO</td>
<td>Out of Service</td>
<td>Eamonn Wheelock</td>
<td><a href="mailto:wheelock@health.missouri.edu">wheelock@health.missouri.edu</a></td>
<td>573/884/0732</td>
<td>24</td>
<td>Trailer</td>
<td>Alternate Contact: Eamonn Wheelock</td>
</tr>
</tbody>
</table>
# Time Critical Diagnosis (TCD)

**STEMI, Stroke, and Trauma (Kansas City)**

<table>
<thead>
<tr>
<th>Hospital ED</th>
<th>ED Diversion Status</th>
<th>TCD Status</th>
<th>STEMI</th>
<th>Stroke</th>
<th>Trauma</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advent Health Lenexa (KS)</td>
<td>Open</td>
<td>Normal Operations</td>
<td>Open</td>
<td>Open</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>Advent Health Overland Park (KS)</td>
<td>Open</td>
<td>Normal Operations</td>
<td>Open</td>
<td>Open</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>Advent Health Shawnee Mission (KS)</td>
<td>Open</td>
<td>Normal Operations</td>
<td>Open</td>
<td>Open</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>Belton Regional Medical Center - TC</td>
<td>Open</td>
<td>Normal Operations</td>
<td>Open</td>
<td>Open</td>
<td>Open</td>
<td></td>
</tr>
<tr>
<td>Cass Regional Medical Center - TC</td>
<td>Open</td>
<td>Normal Operations</td>
<td>N/A</td>
<td>Open</td>
<td>Open</td>
<td></td>
</tr>
<tr>
<td>Centerpoint Medical Center - TC</td>
<td>Open</td>
<td>Normal Operations</td>
<td>Open</td>
<td>Open</td>
<td>Open</td>
<td></td>
</tr>
<tr>
<td>Children's Mercy Hospital - TC</td>
<td>Open</td>
<td>Normal Operations</td>
<td>N/A</td>
<td>N/A</td>
<td>Open</td>
<td></td>
</tr>
<tr>
<td>Children's Mercy Hospital Kansas</td>
<td>Open</td>
<td>No Capability</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>pediatric ED</td>
</tr>
<tr>
<td>Excelsior Springs Medical Center</td>
<td>Open</td>
<td>Normal Operations</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>Kansas City VA Medical Center</td>
<td>Open</td>
<td>No Capability</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>Lawrence Memorial Hospital - TC</td>
<td>Open</td>
<td>Normal Operations</td>
<td>Open</td>
<td>Open</td>
<td>Open</td>
<td></td>
</tr>
<tr>
<td>Lee's Summit Medical Center</td>
<td>Open</td>
<td>Normal Operations</td>
<td>Open</td>
<td>Open</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>Liberty Hospital - TC</td>
<td>Open</td>
<td>Normal Operations</td>
<td>Open</td>
<td>Open</td>
<td>Open</td>
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</tr>
</tbody>
</table>
# MO Coordination and Response View

<table>
<thead>
<tr>
<th>Region</th>
<th>Healthcare Coalition</th>
<th>Operational Status</th>
<th>Duty Officer</th>
<th>Coalition Coordinator</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Region B Healthcare Coalition</td>
<td>Normal Operations</td>
<td>Hannibal Regional Hospital PBX</td>
<td>Keith Mosley</td>
<td>Please contact the HRH PBX if there is a...</td>
<td></td>
</tr>
<tr>
<td>Region F Healthcare Coalition</td>
<td>Normal Operations</td>
<td>Pat Van Hunnik</td>
<td>Pat Van Hunnik</td>
<td>Pat Van Hunnik Phone #: 573-424-5917</td>
<td>...</td>
</tr>
<tr>
<td>Region H Em Prep Coalition</td>
<td>Normal Operations</td>
<td>Lesley Schulte 660-853-1126</td>
<td>Lesley Schulte</td>
<td>June Duty Officer: Lesley Schulte 660-853...</td>
<td></td>
</tr>
<tr>
<td>SEMO Regional Healthcare Coalition</td>
<td>Normal Operations</td>
<td>Jeff Stackle</td>
<td>Jerie Fluchel</td>
<td>The Duty Officer is Jeff Stackle cell: (573)...</td>
<td></td>
</tr>
<tr>
<td>Southwest Healthcare Coalition</td>
<td>Normal Operations</td>
<td>Southwest Healthcare Duty Officer</td>
<td>Deborah Hobson</td>
<td>West: Russ Connroy (C) 417-773-0361 (W)...</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Coordination</th>
<th>SMOC Current Status</th>
<th>Comment</th>
<th>Last Update</th>
<th>By User</th>
</tr>
</thead>
<tbody>
<tr>
<td>St. Louis HC Coordination</td>
<td>24/7 On Call</td>
<td></td>
<td>21 May 2019 21:43</td>
<td>SMOC Duty Officer</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Coordination</th>
<th>Contact Name</th>
<th>Contact Email</th>
<th>Contact Phone</th>
<th>Comment</th>
<th>Last Update</th>
<th>By User</th>
</tr>
</thead>
<tbody>
<tr>
<td>KC Regional Healthcare Coordination Ctr.</td>
<td>Steve Hoeger</td>
<td><a href="mailto:kcrhcc@gmail.com">kcrhcc@gmail.com</a></td>
<td>913-608-9425 cell</td>
<td></td>
<td>26 Sep 2017 15:26</td>
<td>Steve Hoeger</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Coordination</th>
<th>MHA status</th>
<th>Mutual Aid Status</th>
<th>Contact Phone</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>MHA Coordination and Response</td>
<td>Normal Operations</td>
<td>N/A</td>
<td>--</td>
<td></td>
</tr>
<tr>
<td>MHA - Emergency Preparedness Staff</td>
<td>Normal Operations</td>
<td>N/A</td>
<td>--</td>
<td></td>
</tr>
<tr>
<td>MHA - Mutual Aid Agreement</td>
<td>N/A</td>
<td>Normal Operations</td>
<td>--</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Coordination</th>
<th>ERC Status</th>
<th>SEOC Activation Status</th>
<th>MICT Status</th>
<th>Show-Me-Response Status</th>
<th>Contact Name</th>
<th>Contact Phone</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>State Coordination &amp; Response</td>
<td>Normal Operations</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>1-800-392-0272</td>
<td>5/10/18 ACU is fully functional</td>
<td></td>
</tr>
<tr>
<td>Emergency Response Center (ERC)</td>
<td>N/A</td>
<td>Not Activated</td>
<td>N/A</td>
<td>--</td>
<td>1-800-392-0272</td>
<td></td>
<td></td>
</tr>
<tr>
<td>State Emergency Operations Center (SEOC)</td>
<td>N/A</td>
<td>N/A</td>
<td>Normal Operations</td>
<td>N/A</td>
<td>1-800-392-0272</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medical Incident Coordination Team (MICT)</td>
<td>N/A</td>
<td>N/A</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
EMResource®/WebEOC Interface

Welcome, carissa.vanhammer (Logoff). You are logged in as Missouri EMResource Demo in Demo.

- Data is refreshed every five minutes.

### Facilities

<table>
<thead>
<tr>
<th>Map</th>
<th>Type</th>
<th>Group</th>
<th>Organization</th>
<th>ED</th>
<th>Facility Status</th>
<th>Incident Command Status</th>
<th>County</th>
<th>Updated</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Hospital</td>
<td>Belton Regional Medical Center - TC</td>
<td>Closed To Ambulances</td>
<td>1: Fully Operational</td>
<td>Not Activated</td>
<td></td>
<td>06/22/2016 15:48:33</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Hospital</td>
<td>Cass Regional Medical Center - TC</td>
<td>Diversion</td>
<td>Fully Operational</td>
<td></td>
<td></td>
<td>06/22/2016 18:05:41</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Hospital</td>
<td>Centerpoint Medical Center - TC</td>
<td>Open</td>
<td>Fully Operational</td>
<td></td>
<td></td>
<td>01/29/2016 19:07:33</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Hospital</td>
<td>Children's Mercy Hospital - TC</td>
<td>Open</td>
<td>Fully Operational</td>
<td></td>
<td>Jackson County</td>
<td>01/29/2016 19:07:33</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Hospital</td>
<td>Children's Mercy Hospital Kansas</td>
<td>Open</td>
<td>Fully Operational</td>
<td></td>
<td>Johnson County</td>
<td>01/29/2016 19:07:53</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Hospital</td>
<td>Excelsior Springs Medical Center</td>
<td>Open</td>
<td>Partial Operations</td>
<td></td>
<td></td>
<td>01/29/2016 19:07:33</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Hospital</td>
<td>Kansas City VA Medical Center</td>
<td>Open</td>
<td>Fully Operational</td>
<td></td>
<td></td>
<td>01/29/2016 19:07:33</td>
</tr>
</tbody>
</table>
eICS
Electronic Incident Command System (eICS)

- Initially developed by Missouri health care leaders as an organizational-based tool to assist hospitals with the management of emergency incidents within their individual facilities
- Expanded usage to allow for regional and coalition communication and coordination during incidents and pre-planned events
eICS

• Manage facility or regional/coalition incident notifications and response
  ➢ Communication
    – Incident notifications
    – Position assignments
    – Messaging capability
  ➢ Documentation
    – Event log
    – HICS forms
    – Objectives/tasks
eICS Features:

• Group notification
  ➢ Methods of notification
    – Phone
    – Email
    – Text
  ➢ Levels of Notification
    – Incident Command Staff
    – Other contacts
    – Labor pool
Email Notifications

no-reply@juvare.com

eICS Incident Alert for M H A Emergency Preparedness

To: Carissa Van Hunnik

⚠ We removed extra line breaks from this message.

Hello Carissa Van Hunnik,

*** THIS IS A DRILL ***

M H A Emergency Preparedness is experiencing Mobile Asset Activation.

The following message is a Exercise/Drill at M H A Emergency Preparedness.

Your assistance may be required for this incident.

---

no-reply@juvare.com

eICS Incident Ended for M H A Emergency Preparedness

To: Carissa Van Hunnik

Hello Carissa Van Hunnik,

*** THIS IS A DRILL ***

The response to the incident at M H A Emergency Preparedness has concluded. Thank you for your participation.

Contact your facility with any questions.

Do not reply directly to this email.
Text Notifications

1 of 5
FRM: no-reply@juvare.com
SUBJ: eICS Incident Alert for MHA Emergency
MSG: Hello Carissa Van Hunnik,

*** THIS IS A DRILL ***

MHA
(Con't) 2 of 5
Emergency Preparedness is experiencing Mobile Asset Activation.

The following message is a Exercise/Drill at MHA Emergency
(Con't) 3 of 5

1 of 3
FRM: no-reply@juvare.com
SUBJ: eICS Incident Ended for MHA Emergency
MSG: Hello Carissa Van Hunnik,

*** THIS IS A DRILL ***

The
(Con't) 2 of 3
response to the incident at MHA Emergency Preparedness has concluded. Thank you for your participation.

Contact your facility with (Con't) 3 of 3
eICS Features:

- Incident response templates
eICS Features:

- Incident Command Position Assignment
eICS Features:

- Objectives/task tracking
**eICS Features:**

- **Event log**

---

<table>
<thead>
<tr>
<th>Time</th>
<th>Type</th>
<th>Details</th>
<th>Created By</th>
<th>Edits</th>
<th>Comments</th>
<th>Priority</th>
</tr>
</thead>
<tbody>
<tr>
<td>09 Mar 2015 10:56</td>
<td>Incident Update</td>
<td>Missing Person is Active. The following message is a Exercise/Drill at University Hospital. A person is missing from the facility. A Security Alert is in effect. Missing white female, age 11 in a red shirt.</td>
<td>Teresa Snow</td>
<td></td>
<td></td>
<td>Normal</td>
</tr>
<tr>
<td>09 Mar 2015 11:20</td>
<td>Objective Update</td>
<td>Establish a media staging and briefing area status is in Progress: Normal</td>
<td>Teresa Snow</td>
<td></td>
<td></td>
<td>Normal</td>
</tr>
<tr>
<td>09 Mar 2015 11:20</td>
<td>Objective Update</td>
<td>Provide media briefings and updates status is Completed</td>
<td>Teresa Snow</td>
<td></td>
<td></td>
<td>Normal</td>
</tr>
<tr>
<td>09 Mar 2015 11:21</td>
<td>Objective Update</td>
<td>Provide situation status updates to hospital staff and patients status is Not Applicable</td>
<td>Teresa Snow</td>
<td></td>
<td></td>
<td>Normal</td>
</tr>
<tr>
<td>09 Mar 2015 11:21</td>
<td>Objective Update</td>
<td>Provide staff and patient updates status is In Progress: Exception</td>
<td>Teresa Snow</td>
<td></td>
<td></td>
<td>Normal</td>
</tr>
<tr>
<td>09 Mar 2015 11:24</td>
<td>Message Posted</td>
<td>“update we have an aggressive reporter be careful” was sent from the Public Information Officer to Pat Van Hunnik with Normal priority.</td>
<td>Teresa Snow</td>
<td></td>
<td></td>
<td>Normal</td>
</tr>
</tbody>
</table>
eICS Features:

- Messaging
eICS Features:

- Access to facility or coalition files and documents
eICS Features:

- Reports/HICS Forms
eICS Features:

- Coordinated Response
  - Ability to share information between facility, health-system, coalition, or state incidents.
Facilities/facility staff determine sharing levels and information shared

- Event log entries
- Messaging
Mobile Applications

EMResource
Healthcare Resource Management
EMSSystems, LLC

Screenshots

JUVARE
Enterprise resource solutions
EMResource

Log In
Mobile Applications

**eICS**

Incident Command System
EMSSystems, LLC

*4 stars* 5.0, 2 Ratings

Free

Screenshots

![eICS Screenshot 1](image1)

![eICS Screenshot 2](image2)

![eICS Screenshot 3](image3)

![eICS Screenshot 4](image4)
Questions?

Carissa Van Hunnik
cvanhunnik@mhanet.com
(573)893-3700 ext. 1329
Resources & Mobile Assets

Stacie Hollis, Manager of Emergency Preparedness/Coalition Liaison
Orientation Document
Orientation Document

- New resource
- Standardized Orientation Template
- Primary and Supporting Roles
- Modifiable
- Available online
- Document
Regional Decontamination Training Sites
Training Centers

- 6 Training Facilities
- Quarterly Training
- Locations
  - Central: SSM St. Mary’s Health Center, Jeff. City
  - Northeast: Hannibal Regional Healthcare System
  - Northwest: Mosaic Life Care, St. Joseph
  - Southeast Region: Saint Francis Medical Center, Cape Girardeau
  - Southwest Region: CoxHealth, Springfield, Mercy Joplin
Deployable Assets
Nonurban Regions
<table>
<thead>
<tr>
<th>Region B Mobile Medical Assets</th>
<th>Asset Requests</th>
<th>Asset Status</th>
<th>Asset Location</th>
<th>Contact Name</th>
<th>Contact Email</th>
<th>Contact Phone</th>
<th>Asset Capacity</th>
<th>Asset Storage</th>
<th>Comment</th>
</tr>
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<tbody>
<tr>
<td>Comm Trailer - Hannibal Regional</td>
<td>1 No Active Requests</td>
<td>1 Normal Operations</td>
<td>Hannibal</td>
<td>Doug Ruble / Keith Mosley</td>
<td><a href="mailto:doug.ruble@hrnonline.org">doug.ruble@hrnonline.org</a></td>
<td>573-822-1433 / 573-795-3951</td>
<td>N/A</td>
<td>--</td>
<td>Trailer - On Site</td>
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<tr>
<td>Infectious Disease Cache - Hannibal</td>
<td>1 No Active Requests</td>
<td>1 Normal Operations</td>
<td>Hannibal</td>
<td>Doug Ruble / Keith Mosley</td>
<td><a href="mailto:keith.mosley@hrnonline.org">keith.mosley@hrnonline.org</a></td>
<td>573-822-1433 / 573-795-3951</td>
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<td>MCI/Comm Trailer - Northeast RMC</td>
<td>1 No Active Requests</td>
<td>1 Normal Operations</td>
<td>Kirksville</td>
<td>Dan Holte / Carrol Harden</td>
<td><a href="mailto:carrol_harden@chs.net">carrol_harden@chs.net</a>; <a href="mailto:dan_holte@yahoo.com">dan_holte@yahoo.com</a></td>
<td>660-785-1303; 660-785-1090</td>
<td>1000</td>
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<td>Med/Surge Cache - Hannibal 1</td>
<td>1 No Active Requests</td>
<td>Normal Operations</td>
<td>Hannibal</td>
<td>Doug Ruble / Keith Mosley</td>
<td><a href="mailto:keith.mosley@hrnonline.org">keith.mosley@hrnonline.org</a></td>
<td>573-822-1433 / 573-795-3951</td>
<td>250</td>
<td>Warehouse</td>
<td></td>
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<td>Med/Surge Cache - Hannibal 2</td>
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<td>Normal Operations</td>
<td>Kirksville</td>
<td>Doug Ruble</td>
<td>--</td>
<td>--</td>
<td>250</td>
<td>Warehouse</td>
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<tr>
<td>Mortuary Cache - Hannibal</td>
<td>1 No Active Requests</td>
<td>1 Normal Operations</td>
<td>Hannibal</td>
<td>Doug Ruble / Keith Mosley</td>
<td><a href="mailto:doug.ruble@hrnonline.org">doug.ruble@hrnonline.org</a></td>
<td>573-822-1433 / 573-795-3951</td>
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<td>Warehouse - On Site</td>
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<tr>
<th>Region D Mobile Medical Assets</th>
<th>Asset Requests</th>
<th>Asset Status</th>
<th>Asset Location</th>
<th>Contact Name</th>
<th>Contact Email</th>
<th>Contact Phone</th>
<th>Asset Capacity</th>
<th>Asset Storage</th>
<th>Comment</th>
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</thead>
<tbody>
<tr>
<td>Comm Trailer - Cox Health</td>
<td>1 No Active Requests</td>
<td>1 Normal Operations</td>
<td>Springfield</td>
<td>Jason Henry, EM Officer</td>
<td><a href="mailto:Jason.Henry@coxhealth.com">Jason.Henry@coxhealth.com</a></td>
<td>4178279631</td>
<td>N/A</td>
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<td>Trailer - On Site</td>
</tr>
<tr>
<td>Comm Trailer - Mercy Springfield</td>
<td>1 No Active Requests</td>
<td>1 Normal Operations</td>
<td>Springfield</td>
<td>Sonny Saxton</td>
<td><a href="mailto:Larry.Saxton@mercy.net">Larry.Saxton@mercy.net</a></td>
<td>417-820-6377</td>
<td>N/A</td>
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<td>Trailer - On Site</td>
</tr>
<tr>
<td>Comm Unit - Freeman Health System</td>
<td>1 No Active Requests</td>
<td>1 Normal Operations</td>
<td>Freeman West</td>
<td>Skip Harper</td>
<td><a href="mailto:cmharper@freemanhealth.com">cmharper@freemanhealth.com</a></td>
<td>6207620100</td>
<td>N/A</td>
<td>--</td>
<td>Office - 417-347-4875 Cell 620-762-0100</td>
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<tr>
<td>Infectious Disease Cache - CoxHealth</td>
<td>1 No Active Requests</td>
<td>5 Testing/Inventory</td>
<td>Springfield</td>
<td>Jason Henry</td>
<td><a href="mailto:jason.henry@coxhealth.com">jason.henry@coxhealth.com</a></td>
<td>417/269-4761</td>
<td>--</td>
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<td>Cache has been received. In testing/training.</td>
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<tr>
<td>Infectious Disease Cache - Mercy Joplin</td>
<td>1 No Active Requests</td>
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<td>Joplin</td>
<td>Spencer Dobbs</td>
<td><a href="mailto:spencer.dobbs@mercy.net">spencer.dobbs@mercy.net</a></td>
<td>417/556-2007</td>
<td>--</td>
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<tr>
<td>MCI Trailer - Cox Health</td>
<td>1 No Active Requests</td>
<td>1 Normal Operations</td>
<td>Springfield</td>
<td>Michael Dawson</td>
<td><a href="mailto:Michael.Dawson@coxhealth.com">Michael.Dawson@coxhealth.com</a></td>
<td>417-224-3802</td>
<td>N/A</td>
<td>--</td>
<td>CoxNorth</td>
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<tr>
<td>MCI Trailer - Mercy Springfield</td>
<td>1 No Active Requests</td>
<td>1 Normal Operations</td>
<td>Springfield</td>
<td>Bob Patterson</td>
<td><a href="mailto:Robert.Patterson@mercy.net">Robert.Patterson@mercy.net</a></td>
<td>417-820-3003</td>
<td>--</td>
<td>--</td>
<td>Trailer - On Site</td>
</tr>
</tbody>
</table>
Nonurban Mobile Assets

- MCI/Communication Trailers
- Medical Surge Caches
- Fatality Management Caches
- Infectious Disease Caches
- Respiratory Caches

https://web.mhanet.com/HCC-resources.aspx — Assets Tab
Mass Casualty Incident Trailers

- Medical supplies and equipment to support mass casualty incident response
  - Capacity to treat 100 patients, dependent on extent of injuries
  - Typing:
    - On scene for planned events
    - Emergency department surge support
MCI Trailer Locations

- Central: Lake Regional Hospital
- Northeast: Northeast Regional Medical Center
- Southeast Region: Saint Francis Outpatient Center, Madison Medical Center, Missouri Delta Medical Center and Southeast Hospital
- Southwest Region: CoxHealth, Mercy Springfield, Ozarks Medical Center and Phelps County Regional Medical Center
Communication Trailers

• 8 Communication Trailers
• Capabilities
  ➢ Communication loss at facility
  ➢ Local/Community support
  ➢ Regional communication hub
  ➢ Statewide network for use during catastrophic event
Communication Trailer Locations

- Central: Boone Hospital and University of Missouri Health Care
- Northeast: Hannibal Regional Hospital
- Northwest: Mosaic Life Care
- Southeast Region: Saint Francis Medical Center
- Southwest Region: CoxHealth, Mercy Springfield and Freeman Health System
Medical Surge Caches

- Durable Medical Equipment
- Portable Water Filtration System
Medical Surge Caches

• Locations
  - Branson – 500 Beds
  - Columbia – 1,000 Beds
  - Hannibal – 250 Beds
  - Joplin – 500 Beds
  - Kirksville – 250 Beds
  - Lebanon – 250 Beds
  - Monett – 250 Beds
  - Neosho – 750 Beds
  - St. Joseph – 500 Beds
  - Sikeston – 1,000 Beds
Fatality Management Caches

- Capabilities
  - Hospital surge
  - Local/Community fatality surge
- Units
  - 9 – 8 Capacity units
- Locations
  - Hannibal Regional Hospital
  - Mercy Springfield
  - Mosaic Life Care
Infectious Disease Caches

- **ISOPOD Units**
- **Locations**
  - CoxHealth, Springfield – 2
  - Hannibal Regional Hospital – 1
  - Mercy Joplin – 1
  - Mosaic Life Care, St. Joseph – 2
  - Saint Francis Medical Center, Cape Girardeau – 1
  - SSM St. Mary’s Health Center Jefferson City – 1
Respiratory Caches

- Oxygen Generation
- Location
  - CoxHealth
MARC Assets

Kansas City Area
Hospital Trailer

- Nine Trailers
- Surge capability
- Low to Mid-level acuity of care
- Platform for special needs shelters
- Quarantine function
- Alternate care site
Mass Casualty Incident Trailer

- 8 Trailers
- Initial treatment – spine boards, dressings, oxygen therapy resources
- Capacity to treat 100 patients
Metro Medical Response System Trailer

- 7 Trailers
- Capacity to decontaminate 1000 persons
- Conveyor system for non-ambulatory patients
Public Health Trailer

- 10 Trailers
- Dispensing site supplies for mass prophylaxis
Supplemental NOK-18 Oxygen Kits

- 32 Kits
- Supplemental oxygen cache
  - 81 D cylinders
  - 81 masks
  - 40 regulators
Special Needs Equipment Cache

• 10 Caches
• 100 personnel
• Augment special needs shelter care capability
• Consumable and Non-consumable supplies
DUO-DOTE Kits

- 66 Kits
  - 30 atropine/2-pam chloride auto injectors
- Distributed throughout the region
- Response to an exposure from a nerve agent
- Fire and EMS Personnel
Mobile Morgue

- 1 Cache
- 53 Foot refrigerated trailer
MARC Contact

Andrew Warlen
Emergency Services Planner and Exercise Coordinator
awarlen@marc.org
STARRS Assets
St. Louis Area
HCC Assets

- Medical Surge
  - Hospitals
  - EMS
- Mass Fatality Cache
- MCI Surge
STARRS Contact

Brad Zoref
Public Safety Administrator
brad.Zoref@ewgateway.org
Communication Resources
MHA’s MOSWIN Radios

- 11 Deployable Handhelds
- Programmed with each region
Other Resources
MHA Quarterly Member Update Webinars

- 30 minutes
- Timely and appropriate information
- High-level overview
- Education and exercise opportunities
- Statewide planning initiatives
- 2020 Dates
  - 11 a.m. Wednesday, Feb. 12
  - 11 a.m. Thursday, May 14
  - 11 a.m. Wednesday, Aug. 12
  - 11 a.m. Thursday Nov. 12
ASPR TRACIE

- **Technical Resources**
  - Collection of preparedness materials searchable by keyword
- **Assistance Center**
  - Access to specialists for one-on-one support
- **Information Exchange**
  - Peer-to-peer, protected, open discussion
- **Website** - [https://asprtracie.hhs.gov/](https://asprtracie.hhs.gov/)
- **Newsletter** – *The Exchange* - [https://asprtracie.hhs.gov/listserv](https://asprtracie.hhs.gov/listserv)
Questions?

Stacie Hollis
shollis@mhanet.com
(573) 893-3700 ext. 1321
Health Care Coalitions

Kara Amann-Kale, Manager of Emergency Preparedness/Coalition Liaison
Session Objectives

- Hospital Preparedness Program (HPP) Structure
- Healthcare Coalitions
  - What are they?
  - What is their purpose?
  - How are they structured?
  - Who are the members?
  - How do they operate/communicate?
  - How do they formally connect in response?
  - How do I get involved?
Hospital Preparedness Program

- Healthcare Coalitions
- Bioterrorism
- Medical Surge and Continuity of Operations

- External Partners
- Hospital-wide Resiliency
- First Receivers (ED)
HPP Structure in Missouri

- Federal funding opportunity through Assistant Secretary for Preparedness and Response
- Missouri Department of Health and Senior Services is recipient
- 6 contractors
Healthcare Coalition Definition

• An HCC is defined as “a collaborative network of healthcare organizations and their respective public and private sector response partners ... that serve as a multiagency coordinating group to assist with preparedness, response, recovery, and mitigation activities related to healthcare organization disaster operations.”
Why Coalitions?

• ASPR Hospital Preparedness Program
  ➢ Coalitions are foundation to entire program
  ➢ Align with the National Response Framework and the National Health Security Strategy
  ➢ Unit of Measurement and Analysis
    – FY 06 – FY 11 HPP: capacity of hospital and healthcare organizations
    – FY 12: coalition process measures
    – FY 17: coalition outcome measures
• Real world lessons learned
Healthcare Coalitions

• Supports organizational preparedness, response, incident command objectives and continuity of operations (as required by the CMS CoPs)
• Facilitates communication between providers
• Provides virtual operating platforms for resource coordination
• Links healthcare providers to formal emergency management structures
Missouri’s HCC Structure

Region A
Planning and facilitation is coordinated by the Mid-America Regional Council.

Region C
Planning and facilitation is coordinated by the St. Louis Area Regional Response System.

LEGEND:
- Regional Boundaries
- Communications Trailer
- MCI/Communications Trailer
- HID Caches (ISOPODS/PAPRs)
- Respiratory Cache
- Mortuary Surge Caches
HCC Members

• Four Core Disciplines (as defined by ASPR)
  ➢ Local Public Health
  ➢ Hospitals
  ➢ Emergency Medical Services
  ➢ Emergency Management

• Other Members
  ➢ Clinics and FQHCs
  ➢ Dialysis Centers
  ➢ Long Term Care
  ➢ Healthcare Organizations
HCOs: Different Coalition Roles

- Support
- Receive
- Surge
Coalition Goals

- Formalize existing relationships
- Provide a mechanism for coordination and communication during planning and response
- Speak with one voice
- **NOT** command and control
Incident Recognition

- Primary coalition communication and coordination should occur **virtually** through *sequential* and *redundant* methods of communication accessible to all HCC members.

- Non-urban Missouri HCCs and the MHA Coordinating Council have **adopted the Juvare EMResource and eICS platform** for primary monitoring and notification tools for HCC members.

  ▶ Bridges to WebEOC established and tested.
Coordination of Resources

• All members should follow appropriate chain of command procedures when identifying and requesting resources from local, regional and state agencies.

• When activated, the HCC is intended to coordinate HCO requests to the LEOC or MACC to provide unified, efficient and effective response.
Coalition Operations

• Planning Objectives
  ➢ Identify Hazards
  ➢ Identify Mitigation Strategies
  ➢ Training and Exercise
  ➢ Identify Regional Strengths
  ➢ Identify Shortcomings
  ➢ Regional Plan
  ➢ Regional surge capacity estimates

• Response Objectives
  ➢ Information Sharing
  ➢ Situational Awareness
  ➢ Resource Support
  ➢ Interface with LEOC and MACC
  ➢ Coordinate Coalition Response Activities
Missouri Regional Coordination

<table>
<thead>
<tr>
<th>Healthcare Coalitions</th>
<th>Coalition - Operational Status</th>
<th>Duty Officer</th>
<th>Coalition Coordinator #</th>
<th>Comment</th>
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</thead>
<tbody>
<tr>
<td>Nonurban HCC - Northeast Region</td>
<td>Normal Operations</td>
<td>Hannibal Regional Hospital PBX</td>
<td>Keith Mosley</td>
<td>Please contact the HRH PBX if there is a...</td>
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<tr>
<td>Nonurban HCC - Central Region</td>
<td>Normal Operations</td>
<td>Pat Van Hummik</td>
<td>Pat Van Hummik</td>
<td>Pat Van Hummik Phone #: 573-424-5917</td>
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<tr>
<td>Nonurban HCC - Northwest Region</td>
<td>Normal Operations</td>
<td>Lesley Schulte</td>
<td>Lesley Schulte</td>
<td>October Duty Officer: Lesley Schulte 860-...</td>
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<tr>
<td>Nonurban HCC - Southeast Region</td>
<td>Normal Operations</td>
<td>Jeff Stackle</td>
<td>Jerie Fluchel</td>
<td>The Duty Officer is Jeffery Stackle, Cell 57...</td>
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<tr>
<td>Nonurban HCC - Southwest Region</td>
<td>Normal Operations</td>
<td>Southwest Healthcare Duty Officer</td>
<td>Deborah Hobson</td>
<td>West Russ Comroy (C) 417-773-0361 (W)...</td>
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</table>

| St. Louis HC Coordination      | SMOCC Current Status           | Comment               | Last Update             | By User                     |
| St. Louis Medical Operations Center | 24/7 On Call | | | |

| KC RHCC                        | Coalition - Operational Status | Contact Name | Contact Email | Contact Phone | Comment       | Last Update | By User |
| KC Regional Healthcare Coordination Ctr. | Normal Operations | Steve Hoeger | kcrhcc@gmail.com | 913-608-8425 cell | 26 Sep 2017 15:26 | Steve Hoeger |

| MHA Coordination and Response  | MHA status                   | Mutual Aid Status   | Contact Phone | Comment                                                                 |
| MHA - Emergency Preparedness Staff | Normal Operations | N/A | -- | |
| MHA - Mutual Aid Agreement    | N/A                          | Normal Operations   | --           | --                                                                      |

| State Coordination & Response | ERC Status          | SEOC Activation Status | MICT Status | Show-Me-Response Status | Contact Name | Contact Phone | Comment                                                                 |
| Emergency Response Center (ERC) | Normal Operations | N/A | N/A | N/A | N/A | 1-800-392-0272 | $10/19 ACU 2000 is not operational at this... |

| MO Disaster Response System | MO Disaster Medical Assist. Team Status | MO DMAT Command Staff Status | MO DMAT Contact | Asset Requests | Asset Status | Asset Location | Contact Name | Contact Email | Contact Phone | Asset Capacity | Comment |
|-----------------------------|----------------------------------------|-----------------------------|----------------|
| MO DMAT Command Staff       | Ready for Deployment                  | Normal Operations           | Kevin Tweedy    | N/A            | N/A          | N/A          | --           | ktweedy@modrs.org | 417-353-0501 | N/A | -- |
| Fatality Advance Team       | Ready for Deployment                  | Normal Operations           | N/A            | N/A            | N/A          | N/A          | --           | N/A            | N/A | -- |
| Fatality Strike Team        | Ready for Deployment                  | Normal Operations           | Kevin Tweedy    | N/A            | N/A          | N/A          | --           | ktweedy@modrs.org | 14173530501 | N/A | -- |
| Medical Incident Support Team | Ready for Deployment                  | Normal Operations           | Kevin Tweedy    | N/A            | N/A          | N/A          | --           | ktweedy@modrs.org | N/A | -- |
| Medical Reserve Corp        | Ready for Deployment                  | N/A                         | N/A            | N/A            | N/A          | N/A          | --           | N/A            | N/A | -- |
| Rapid Response Team - KC    | Ready for Deployment                  | N/A                         | N/A            | N/A            | N/A          | N/A          | --           | N/A            | N/A | -- |
HCC Activities Required by Grant

- Staffing Requirements:
  - Clinical Advisor
  - HCC Readiness and Response Coordinator
- Maintain core membership of HCC
- Engage HCC members’ executives and clinical leaders
- Meet reporting guidelines
- Maintain preparedness and response plans
- Draft and exercise a pediatric surge annex
HCC Activities Required by Grant

- Conduct a hazard vulnerability analysis (HVA)
- Conduct the coalition surge test (CST)
- Conduct two redundant communication drills
- Conduct a resource assessment
- Review data related to at-risk populations
- HCC Surge Estimator Tool and Essential Elements of Information
HCC Activities Beyond the Grant

• Education and training opportunities at regional meetings
• All-hazard planning with partners
• Operationalizing plans
• Networking
• Sharing of best practices
Return on Investment: Preparedness

- Redundant Communication ➔ Cybersecurity
- MCI Management ➔ Patient Throughput
- Resource Assessments ➔ Supply Chain Integrity
- Coalition Engagement ➔ Community Benefit
- Mutual Aid ➔ Continuity of Operations
- Responder Safety ➔ Workforce Resiliency
What’s Next for the HCC
Operationalizing ASPR’s Vision

- U.S. HHS ASPR Assistant Secretary Robert Kadlec, M.D.
  - Centers of Disaster Excellence
  - Return to acute care, clinical capability and capacity building
  - State and regional guidance
    - FY19: Pediatric
    - FY20: Burn
    - FY21: Highly Infectious Disease
    - FY22: Radiation
    - FY23: Chemical
Coalition Liaisons

Nonurban HCC Regions
Northeast
Carissa Van Hunnik
cvanhunnik@mhanet.com

Northwest & Clinical Advisor
Keri Barclay
kbarclay@mhanet.com

Central & Southeast
Kara Amann-Kale
Kamann-kale@mhanet.com

Southwest
Stacie Hollis
shollis@mhanet.com

STARRS
St. Louis Metro (Region C)
Dale Chambers
Dale.Chambers@ewgateway.org

MARC
Kansas City Metro (Region A)
Andrew Warlen
awarlen@marc.org